

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

State File No.

42404

10321

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri		c. LENGTH OF STAY (in this place) 9 Mos. 16 Days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary Hospital.				e. STREET ADDRESS (If rural, give location) 3504A Pestalozzi Street			
3. NAME OF DECEASED (Type or Print) Berdelle		a. (First) F.		c. (Last) Huntley		4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1950.	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Sept. 25, 1880	
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Maine		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME James E. Batchelder		13b. MOTHER'S MAIDEN NAME Albertina Withee		14. NAME OF HUSBAND OR WIFE Clinton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hugh B. Huntley, 3504A Pestalozzi St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1). Hypertensive Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 1949+			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (2). Osteoporosis of Spine				1950+-			
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 3 30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443X			
22. I hereby certify that I attended the deceased from 2/17/49 , 19__, to Dec. 3, 19 50 , that I last saw the deceased alive on Dec. 3, 19 50 , and that death occurred at 1:00 AM , from the causes and on the date stated above.							
23a. SIGNATURE Valerie Roman Bowditch M.D.				23b. ADDRESS 5800 Arsenal Street		23c. DATE SIGNED 12/3/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Dec 4 '50		24c. NAME OF CEMETERY OR CREMATORY Brewer, Maine		24d. LOCATION (City, town, or county) (State)	
DATE RECD BY LOCAL REG. DEC 4 1950		REGISTRAR'S SIGNATURE J. B. Farster		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10321

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by Me

working under my personal supervision.

Student Embalmer No.....

Signed

Gay W Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.